FY2025 - CAP

**New Jersey Department of Education**

# Corrective Action Plan (CAP)For the Fiscal Year 2025 (July 1, 2024 – June 30, 2025)

## Submission Guidance

**Applicability:** A CAP should only be prepared if there is a finding(s) in the ACFR or AMR

* The completed CAP must be uploaded to the ACFR Repository within 45 days of Board acceptance of the audit.
* Save the file as **CAP.PDF** and email a copy to **CAP@ag.nj.gov****.**

## LEA Information

LEA Name: LEA Number:

County Name: County Number:

Type of Audit: Date of Board Meeting:

Contact Name: Contact Title:

Email: Phone:

## ACFR/AMR Findings

**Preparation:**

1. **Column A:** Identify and note whether the finding(s) is in the ACFR and/or the AMR. Include the finding(s) number (e.g., ACFR 2025-001), and note the ACFR finding(s) first.
2. **Columns B and C:** Use the exact language noted as the condition for the ACFR. Use the exact language noted as the finding in the AMR. If the finding(s) appears in both documents, use the language noted in the ACFR.
3. **Column D:** Describe the method of implementation to prevent recurrence of finding(s). If applicable, include an explanation for “Questioned Costs”.
4. **Column F:** Document a definitive implementation date (MM-DD-YY). Entries such as “Immediate” or Ongoing” are not acceptable.

| **AACFR/AMR Finding** | **BCondition/Finding** | **CRecommendation** | **DMethod of Implementation** | **EPerson Responsible for Implementation/Title** | **FImplementation Date** |
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## Attestation

Signature required below.

I hereby certify that the information provided in this CAP is accurate and complete to the best of my knowledge, and that the recommendation(s) will be implemented as noted.

Chief School Administrator: Date:

Board Secretary / School Business Administrator: Date: